

OFFICIAL DRINKING WATER ANALYSIS FOR TOTAL  
COLIFORM AND E. COLI BACTERIA

LABORATORY NUMBER

## DATE SAMPLE COLLECTED (Required Information)

MONTH	DAY	YEAR	TIME
			• A.M. • P.M.

BOTTLE NUMBER

## SAMPLE COLLECTED BY (REPORT WILL BE SENT TO PERSON COLLECTING SAMPLE.)

NAME

AGENCY

ADDRESS

ADDRESS

CITY

STATE

ZIP

TELEPHONE

( )

FAX

( )

## POINT OF COLLECTION (IF DIFFERENT FROM COLLECTOR INFORMATION)

OWNER'S NAME

TELEPHONE NUMBER

( )

FACILITY NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP

COUNTY

TOWNSHIP

RANGE

SECTION

GPS LATITUDE

GPS LONGITUDE

## SUPPLY TYPE:

☐ PRIVATE    ☐ NON-COMMUNITY PUBLIC    ☐ COMMUNITY PUBLIC    ☐ OTHER \_\_\_\_\_

LOCATION: EST. NO. \_\_\_\_\_

<input type="checkbox"/> PRIVATE HOME	<input type="checkbox"/> USDA	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> LOAN	<input type="checkbox"/> DAIRY FARM
<input type="checkbox"/> MOTEL, RESORT	<input type="checkbox"/> GROCERY/CONVENIENCE STORE	<input type="checkbox"/> MEAT, FISH & FOOD PROCESSING		
<input type="checkbox"/> OTHER				

## CONSTRUCTION TYPE:

<input type="checkbox"/> DRILLED WELL	<input type="checkbox"/> SPRING (USED FOR DRINKING PURPOSES ONLY)	<input type="checkbox"/> BORED OR DUG WELL
<input type="checkbox"/> DRIVEN WELL	<input type="checkbox"/> OTHER _____	

## SEWAGE DISPOSAL:

☐ CITY SEWER  
☐ ON-SITE

## RESAMPLE AFTER TREATMENT:

☐ YES  
☐ NO

Please Press Firmly. Collector: Submit white copy with sample. Canary copy is for your records.